PTO/58/08 (12-04)

Approved for use through 7/31/2006, CMS 0651-0002, U.S. Petent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperson Reduction Act of 1995, no parsons are required to record to a collection of information unless it displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 10/81/927 APPLICATION AS FILED - PART I OTHER THAN OR · (Column 1) SMALL ENTITY SMALL ENTITY MUMBER FILED MUMBER EXTRA RATE (1) FEE GI RATE (\$) FEE (1) BASIC FEE NA N/A M/A 150.00 (3) CFR 1.16(a), (b), or (c)) NA 300.00 SEARCH FEE · N/A NIA \$250 (A) (अह । १६(पे (र क (म्ब) NIA \$500 **EXAMINATION FEE** N/A NIA NIA \$100 (D) CFR 1.18(d, U) at (N) NIA \$200 TOTAL CLAIMS X\$ 25 .. (D) OFR 1.16(3) minus 20 = X\$50 OR INDEPENDENT CLAIMS X100 = Caunim X200 (DI COFR 1.16(b)) If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size tee due is \$250 (\$125 for small entity) for each FEE OF OFR 1.16(4) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) +360= "If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Catumn 1) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADOI-RATE (S) PREVIOUSLY -ADOL-บเนช AFTER **EXTRA** TIONAL ENDMENT TIONAL AMENDMENT PAID FOR FEE (\$) FEE (1) Total profit Legy Minus 20 XS-25 X\$50 OR (37 CFR L1804) Klinus Ø X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.16(0)) +180= -+360= TOTAL TOTAL ADD'L FEE ADO'L FEE (Column 1) (Calumn 2) (Column 3) CLAMS HIGHEST REMAINING NUMBER PRESENT RATE (S) ADDI-RATE (\$) ADDI-APTER PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE (3) FEE (T) Total Minus C ENDM X\$ 25 . X\$50 OR 07 OF 1 1800 X100 X200. OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) +180= +360= OR TOTAL. TOTAL OR ADO'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3,"
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The Tighest Number Proviously Paid For' (Total or Independent) is the highest number found in the appropriate box in, column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or reticing the highest by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimated to take 12 minutes to completely including gathering, praparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Contralisation for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.